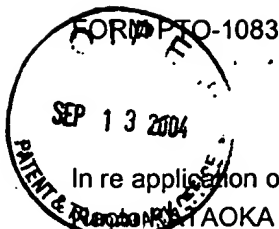


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re application of:

RAEDON K. TAOKA

Serial No: 09/684,846

Confirmation No.: 1919

Filed: October 6, 2000

For: Communication Terminal Device

Art Unit: 2626

Examiner: Ebrahimi Dehkordy, Saeid

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
September 10, 2004

Date of Deposit

Joyce Hegeman

Name

Signature

September 10, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above-identified application are the following items.

- ☒ Amendment.
- ☒ Petition for Extension of Time (1-month)
- ☒ Return Postcard

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | | ADD'L FEE DUE |
|---|---|---|---|-------------------------------|--|----|------------------|
| TOTAL CLAIMS FEE | 14 | - | 20** | 0 | LG=\$18 SM=\$9 | \$ | \$ 0 |
| INDEPENDENT CLAIMS FEE | 3 | - | 3*** | 0 | LG=\$86 SM=\$43 | \$ | \$ 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145 | | \$ |
| TOTAL | | | | | | | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge the fees due associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: September 10, 2004

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